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DEPARTMENT OF THE ARMY  
OFFICE OF THE SURGEON GENERAL  
SURVEY PROGRAM OFFICE (SUITE 669)  
5109 LEESBURG PIKE  
FALLS CHURCH, VA 22041-3258



Please use pen or dark pencil to mark an "X" in the answer box.

Correct

Incorrect

EXAMPLES:



Please return your completed questionnaire in the enclosed envelope to, P.O. Box 94610, Palatine, IL 60094-9922.

## Army Patient Satisfaction Survey

**We need your help. We are trying to improve the quality of care we give our soldiers and their families.**

According to our records you recently had a healthcare visit with **(PROVIDER'S NAME)** on 06/12/2003 at the Martin Army Community Hospital. Is this correct?

- Yes ..... ☐ → Please continue with the survey.  
No, saw someone else... ☐ → Please continue with Q9.  
No, didn't have visit ..... ☐ → Please stop and return your survey now.

**Thinking specifically about your visit with **(PROVIDER'S NAME)** on 06/12/2003 at the Martin Army Community Hospital, please rate how much you disagree or agree with each of the following. Please mark an "X" in the box for the answer that is closest to your opinion.**

|   | Completely<br>Disagree     | Somewhat<br>Disagree     | Neither Agree<br>nor Disagree            | Somewhat<br>Agree        | Completely<br>Agree      |
|---|----------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. This provider, <b>(PROVIDER'S NAME)</b> , spent the time with you that your medical problem required ..... | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. This provider listened to you carefully about your concerns and questions .....                            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. This provider understood your problem or condition .....   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. This provider treated you with courtesy and respect .....  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. This provider explained what was being done and why .....  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. This provider helped you with your problem .....   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Completely<br>Dissatisfied | Somewhat<br>Dissatisfied | Neither<br>Satisfied nor<br>Dissatisfied | Somewhat<br>Satisfied    | Completely<br>Satisfied  |
| 7. Overall, how satisfied do you feel about your visit with <b>(PROVIDER'S NAME)</b> ? .....                  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Which of the following best describes your familiarity with <b>(PROVIDER'S NAME)</b> ?                     |                            |                          |  |                          |                          |
| This provider is my Primary Care Manager (PCM) whom I see for most of my routine care .....                   |                            |                          |  |                          | <input type="checkbox"/> |
| This provider is not my PCM, but I had met or heard of him/her before this visit .....                        |                            |                          |  |                          | <input type="checkbox"/> |
| This provider is not my PCM, and I had never met or heard of him/her before this visit .....                  |                            |                          |  |                          | <input type="checkbox"/> |

**Please turn over and continue on the back page.**

Please tell us how you were treated by staff before and after you saw the healthcare provider. Still thinking about your visit with (PROVIDER'S NAME) on 06/12/2003, please rate the following aspects of your care and service during that visit:

|  | <u>No<br/>Experience</u> | <u>Poor</u>              | <u>Fair</u>              | <u>Good</u>              | <u>Very<br/>Good</u>     | <u>Excellent</u>         |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 9. The overall phone service you received in scheduling the appointment for this visit .....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. How well your needs and schedule were taken into consideration when this appointment was scheduled .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The amount of time from when you made the appointment until you actually saw the healthcare provider ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The amount of time you waited at the clinic to see the healthcare provider .....                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Courtesy and helpfulness of the staff during this visit .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. The coordination among all the people who cared for you during this visit .....                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. The cleanliness of the facility you visited .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. The comfort of the facility you visited .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. The convenience of the facility you visited .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you also went to the Pharmacy, Laboratory or Radiology Department in conjunction with your visit on 06/12/2003, please rate your experience with these services:

|  | <u>No<br/>Experience</u> | <u>Poor</u>              | <u>Fair</u>              | <u>Good</u>              | <u>Very<br/>Good</u>     | <u>Excellent</u>         |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 18. Overall, how would you rate your visit to the Pharmacy?.....             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Overall, how would you rate your visit to the Laboratory?.....           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Overall, how would you rate your visit to the Radiology Department?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have any comments about your visit with (PROVIDER'S NAME) on 06/12/2003?

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If it had been an option, I would have preferred completing this survey over the internet: Yes ..... ☐ No ..... ☐

**Thank you very much for your opinions. Please return this survey today in the self-addressed envelope.**

**ATTN: AMEDD SURVEY CENTER  
P.O. BOX 94610  
PALATINE, IL 60094-9922**